



Academic Year: _____

TRANSPORT APPLICATION FORM

The form must be completed (in CAPITAL letters) and signed by the parent/guardian and submitted to the school at the time of enrolment.

I wish to apply for School transport facility for my child.

The following is to be completed in consultation with the Transport-in-charge:

Both ways Afternoon drop only

1. Name of the student: _____
(Last Name) (First Name) (Middle Name)

2. Grade _____ 3. Sec: _____ 4. Gender: M F

5. Pick up Address: _____

Drop address _____

(The precise location of the pick up and drop point will depend on the common areas of majority users)

6. Contact Details:-

	Residence No.	Mobile No.	Office No.
Mother			
Father			
Guardian (If the child is not staying with parents)			

7. (To be filled by Administrator or Transport In charge)

a) Pick up point _____ (Closest landmark) _____
Estimated time: _____ am.*

b) Drop point: _____ (Closest landmark) _____
Estimated time: _____ pm.*

c) Distance : _____ Fee (Per Phase) : _____

d) The date from which the school can offer transport : _____

* 1. The estimated pickup & drop time may vary depending on routing and traffic conditions.

2. Please check the detailed route plan prior to opening of the school.

Name: _____ Signature: _____

Does your child suffer from any medical condition or needs intervention during the journey?

YES NO .If yes, please specify_____

NOTE: The child will be brought back to school in case:

1. There is nobody to pick up the child at the designated stop.
2. A person, other than the one whose name is mentioned in the form /bearer card, is present at the stop.
3. Name of the person/s responsible for picking up the child: _____
Relationship with the child _____
4. **In case there is a change in pick up / drop point, please inform the school, in writing, at least one week in advance.**

DECLARATION:

1. While the school will take all necessary precautions for the safety, security & timely pick up & drop of the child, I understand that the School has no obligation for any injury or accident that may occur due to issues which are beyond the control of the school.
2. I understand that in the event of a medical emergency, every effort will be made to notify parents/ guardian as soon as possible. In case of minor injury, first aid will be given in the School bus.

Name of the Parents/Guardian _____

Signature _____ Date _____

***YOUR APPLICATION WILL BE RETURNED IF THE FORM IS NOT SIGNED.**

The cheque has to be drawn in favour of "CHRYSALIS HIGH B G ROAD".

TO BE FILLED IN BY THE ACCOUNTS DEPARTMENT:

FEE PAID DETAILS:

PHASE I /PHASE II/PHASE III (Circle the correct option)

AMOUNT: _____ RECEIPT No: _____ DATE: _____

SIGNATURE: _____